



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION, PETITION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ENHANCED ANTIGEN DELIVERY AND MODULATION OF THE IMMUNE
RESPONSE THEREFROM

the specification of which was filed on March 12, 2004 as Application No. 10/800023.

In the event that the filing date and/or Application No. are not entered above at the time I execute this document, and if such information is deemed necessary, I hereby authorize and request my attorneys/agent(s) at **Lahive & Cockfield, LLP**, One Post Office Square, Boston, Massachusetts 02109-2127, to insert above the filing date and/or Application No. of said application.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability as defined in 37 CFR 1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint:

All practitioners at Customer Number 00959

all of **Lahive & Cockfield, LLP**, One Post Office Square, Boston, Massachusetts 02109-2127, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from Rockefeller University as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

Please mail all correspondence to Jane E. Remillard, Esq. at **Customer Number** 00959, whose address is:

Lahive & Cockfield, LLP
One Post Office Square
Boston, Massachusetts 02109-2127

Please direct telephone calls to: Jane E. Remillard, Esq. at (617) 994-0774.

Please direct facsimiles to: (617) 742-4214

Full name of sole or first inventor Michel C. NUSSENZWEIG	
Sole or first inventor's signature <i>Michel C. Nussenzweig</i>	Date 9/19/08
Residence New Rochelle YORK , New York MLP 9/19/08	
Citizenship US	
Mailing Address 450 East 63rd St. MLW 15 EAST 91ST STREET Apt 3E APT 8B New York, New York 10021 NEW YORK NY 10128 MLW 9/19/08	